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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/663,768 09/18/2000 PAT 6,723,108

*gms*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None gms*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/06/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	FL	2	14	2
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## TITLE

Foam matrix embolization device

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